

Application or Docket Number


V637-0299225

| (Column 1) | (Column 2) |
|------------|------------|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |
| 9 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 17 | 18 |
| 19 | 20 |
| 21 | 22 |
| 23 | 24 |
| 25 | 26 |
| 27 | 28 |
| 29 | 30 |
| 31 | 32 |
| 33 | 34 |
| 35 | 36 |
| 37 | 38 |
| 39 | 40 |
| 41 | 42 |
| 43 | 44 |
| 45 | 46 |
| 47 | 48 |
| 49 | 50 |
| 51 | 52 |
| 53 | 54 |
| 55 | 56 |
| 57 | 58 |
| 59 | 60 |
| 61 | 62 |
| 63 | 64 |
| 65 | 66 |
| 67 | 68 |
| 69 | 70 |
| 71 | 72 |
| 73 | 74 |
| 75 | 76 |
| 77 | 78 |
| 79 | 80 |
| 81 | 82 |
| 83 | 84 |
| 85 | 86 |
| 87 | 88 |
| 89 | 90 |
| 91 | 92 |
| 93 | 94 |
| 95 | 96 |
| 97 | 98 |
| 99 | 100 |

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = | * |
| INDEPENDENT CLAIMS | 3 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 | 14 | 15 |
| 16 | 17 | 18 |
| 19 | 20 | 21 |
| 22 | 23 | 24 |
| 25 | 26 | 27 |
| 28 | 29 | 30 |
| 31 | 32 | 33 |
| 34 | 35 | 36 |
| 37 | 38 | 39 |
| 40 | 41 | 42 |
| 43 | 44 | 45 |
| 46 | 47 | 48 |
| 49 | 50 | 51 |
| 52 | 53 | 54 |
| 55 | 56 | 57 |
| 58 | 59 | 60 |
| 61 | 62 | 63 |
| 64 | 65 | 66 |
| 67 | 68 | 69 |
| 70 | 71 | 72 |
| 73 | 74 | 75 |
| 76 | 77 | 78 |
| 79 | 80 | 81 |
| 82 | 83 | 84 |
| 85 | 86 | 87 |
| 88 | 89 | 90 |
| 91 | 92 | 93 |
| 94 | 95 | 96 |
| 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 | 176 | 177 |
| 178 | 179 | 180 |
| 181 | 182 | 183 |
| 184 | 185 | 186 |
| 187 | 188 | 189 |
| 190 | 191 | 192 |
| 193 | 194 | 195 |
| 196 | 197 | 198 |
| 199 | 200 | 201 |
| 202 | 203 | 204 |
| 205 | 206 | 207 |
| 208 | 209 | 210 |
| 211 | 212 | 213 |
| 214 | 215 | 216 |
| 217 | 218 | 219 |
| 220 | 221 | 222 |
| 223 | 224 | 225 |
| 226 | 227 | 228 |
| 229 | 230 | 231 |
| 232 | 233 | 234 |
| 235 | 236 | 237 |
| 238 | 239 | 240 |
| 241 | 242 | 243 |
| 244 | 245 | 246 |
| 247 | 248 | 249 |
| 250 | 251 | 252 |
| 253 | 254 | 255 |
| 256 | 257 | 258 |
| 259 | 260 | 261 |
| 262 | 263 | 264 |
| 265 | 266 | 267 |
| 268 | 269 | 270 |
| 271 | 272 | 273 |
| 274 | 275 | 276 |
| 277 | 278 | 279 |
| 280 | 281 | 282 |
| 283 | 284 | 285 |
| 286 | 287 | 288 |
| 289 | 290 | 291 |
| 292 | 293 | 294 |
| 295 | 296 | 297 |
| 298 | 299 | 300 |
| 301 | 302 | 303 |
| 304 | 305 | 306 |
| 307 | 308 | 309 |
| 310 | 311 | 312 |
| 313 | 314 | 315 |
| 316 | 317 | 318 |
| 319 | 320 | 321 |
| 322 | 323 | 324 |
| 325 | 326 | 327 |
| 328 | 329 | 330 |
| 331 | 332 | 333 |
| 334 | 335 | 336 |
| 337 | 338 | 339 |
| 340 | 341 | 342 |
| 343 | 344 | 345 |
| 346 | 347 | 348 |
| 349 | 350 | 351 |
| 352 | 353 | 354 |
| 355 | 356 | 357 |
| 358 | 359 | 360 |
| 361 | 362 | 363 |
| 364 | 365 | 366 |
| 3 | | |

| | | | | | |
|---|---|---|-------|---|------------------|
| AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 20 | Minus | ** 20 | = - |
| | Independent | * 3 | Minus | *** 3 | = - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

**OTHER THAN
OR SMALL ENTITY**

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 740 |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | | (Column 1) | | (Column 2) | (Column 3) |
|--------------------|---|---|-------|---|--------------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.